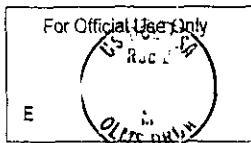


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13030</u>	2. Fiscal Year Covered From: <u>7 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>EDDIE</u> <u>ROMERO</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 715</u> Street _____ City <u>ALCALDE</u> State <u>NEW MEXICO</u> ZIP Code - 4 <u>87511</u>	4. Name, file number, and address of labor organization. Name <u>LUNA LATE UNION No. 16</u> Labor Organization File Number <u>020345</u> P.O. Box, Building and Room Number, if any _____ Street <u>1030 SAN PEDRO DR NE</u> City <u>ALBUQUERQUE</u> State <u>NEW MEXICO</u> ZIP Code + 4 <u>87110-6722</u>
5. Position in labor organization. <u>FIELD AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code - 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Eddie J. Romero

On 8/9/05
Date

(505) 852-4571
Telephone Number

Name of Person Filing

Eddie Romero

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: NEW MEXICO + WEST TEXAS MULTI-CRAFT HEALTH + WELFARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO Box 11399

Street:

City: ALBUQUERQUE

State: NEW MEXICO ZIP Code + 4: 87192

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: SAME AS ABOVE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

6/13 - 6/16/05 HEALTH + WELFARE CONFERENCE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

6/13/05 - 6/16/05 AIRFARE, MEALS
HOTEL, TRANSPORTATION
\$500.00

12.b. Amount.

\$500.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

NEW MEXICO & WEST TEXAS MULTICRAFT
HEALTH AND WELFARE PRIMARY ACCOUNT

P.O. BOX 11399, ALBUQUERQUE, NEW MEXICO 87192 (505) 262-1921

VOID AFTER SIX MONTHS OF ISSUE

95-8677
3070

NO 007473

UNION SAVINGS BANK
P.O. BOX 97000
ALBUQUERQUE, NM 87199-7000

Apr 12 04

PAY THE AMOUNT OF

***** Five Hundred and 00/100 *****

*****\$500.00*

TO THE ORDER OF

EDDIE ROMERO

Fidel Munoz

EP Watson

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK ON REVERSE SIDE

⑈007473⑈ ⑈307088770⑈00⑈000296 6⑈

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└ DETACH AT PERFORATION ┐

MULTICRAFT HEALTH & WELFARE

VENDOR# VENDOR NAME
ROMEDD EDDIE ROMERO

CHECK DATE CHECK#
Apr 12 04 07473

REFERENCE	INVOICE#	DESCRIPTION	DATE	AMOUNT
	61316	LAKE TRAD CONF.	Apr 9 04	500.00

92.84 REPORTING

JUNE 13-16, 2004

TOTAL

500.00

IN ACCORDANCE WITH ERISA, YOU MAY APPEAL TO THE ADMINISTRATOR FOR RECONSIDERATION OF ANY DENIED PORTION OF THIS CLAIM WITHIN SIXTY (60) DAYS. WRITE TO THE ADMINISTRATION OFFICE (ADDRESS ABOVE), STATING THE REASON YOU BELIEVE YOUR CLAIM SHOULD BE PAID. ATTACHING ANY DOCUMENTATION TO SUPPORT YOUR APPEAL. THE ADMINISTRATION WILL CONSIDER YOUR APPEAL AND RESPOND WITHIN SIXTY (60) DAYS FROM THE DATE YOUR APPEAL WAS RECEIVED (OR WITHIN 120 DAYS UNDER SPECIAL CIRCUMSTANCES).

Processed by CompuSys/Erisa
Group of Companies

Albuquerque Austin Denver El Paso
Houston Phoenix Salt Lake City Santa Fe Tucson

CE